

Ohio Campaign Finance Report 35 007 27 PM 3: 58

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Andreat Full Name of Candidate	eeples t	for Ju	dge		Registra	tion Num	bet, if P	Y IONS
Andreu C. Peeples								
Street Address 21 E. State Street			Office Sought Franklin Municipal	C00 (00	سلالم. مرابع	dqe	District	
Columbus			•			Zip Cod	3215	
Lype of Report 1 - Pre-Primary P	ost-Primary	V	Pre-General		Post-Ger	neral		Annual Year
	August Monthly		September Monthly		Termina	tion		Semiannual
Amended Report? Report Electronically fil Yes No Yes	ed? No	Dag∈gFB	Section	ı	м]	٥	8	0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

i. Amount trought forward non-last texture	\$ 8,894.4[
2. Total moustary contributions (From Form No. 21. A) 4	\$ 15,432,34
3. Fotal other income (From Form No. 11.A.2) etc. (2)	\$ 7,500.00
4. Total funds available (sum of lines 1, 7, 3) (\$3, 3) (\$3	\$ 31 826.75
5. Total monetary expenditures (Pront Form No. 2 (B)	\$ 6 580 .34
o Balance on hand (time 4 minus line 5)	\$ 25 246.41
7. Value of in kind contributions received (From Form No. 31.8.1)	\$ 730,00
8. Value of in-Kind contributions made (From Form No. 313.52) \$13.7.2.25	Ò
9. Outstanding frame owed by committee (Figur Forms No. 3 l- G) is a super-	\$ 15 000,00
10. Ourstanding debts owed by committee (From Eurar No. 11.18) 4.5.2.246	\$
11. Outstanding loans owed to commutee them Form (a. 3.3.3.1.2.2.2.1.2.2.2.2.2.2.2.2.2.2.2.2.	\$
12. Value of independent expenditures made (Phon Torm No. 3174).	\$ O
13. For Electronic Filing Entities only Section 19. Se	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER									
COMM	COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE								
John P Corp Treasurer Odne Cy									
Print Na	me and Title (Treasurer and Deput	ty Treasurer only) Signature		Date					
Co	ontribution	Expenditure	Other	Total					
	pages <u>26</u>	pages 2	pages 3	pages 31					

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee to Elect Andrea Peeples for Judge								
Full Name of Contributor			Registration Number, if	PAC				
Cary M Hanosek Street Address	*							
1236 Castleton Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)				
City Upper Arlington	State O H	Zip Code 43 220	M D Y	Amount				
Full Name of Contributor	1017017015							
Tannisha D. Bell Street Address			Registration Number, if F	AC				
Street Address	Employer/Occu	pation/Labor Organization*	L	F (0) = =				
617 Worthington Forest Place	2			Form (Cash, Check, etc.) Check				
Columbus	State	Zip Code 43229	M D Y O 5	Amount				
Full Name of Contributor		1 1322/	Registration Number, if P					
Vernon Pringle			The state of the s	AC .				
5596 Winsor Woods Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)				
City -	State	Zip Code	M D Y	Cash				
Columbus Full Name of Contributor	OH	43230	017017015					
			Registration Number, if P.					
Jane Drummond Street Address	Employer/Occur	oation/Labor Organization*						
5602 Winsor Woods Dr	спфюуст/Оссир	ation/Labor Organization*		Form (Cash, Check, etc.)				
	State	Zip Code	M D Y	Check				
Co lumbus Full Name of Contributor	OH	43230	016 119 015	40.00				
			Registration Number, if Pa					
Street Address	Employer/Occup	ation/Labor Organization*						
2994 Crescent Dr	флоуон Оссир	auon capoi Organization		Form (Cash, Check, etc.)				
City	State	Zip Code	M D Y	Check Amount				
Columbus Full Name of Contributor	OH	43204	060505	75.00				
			Registration Number, if PA					
Douglas L Rogers Street Address	Employer/Occum	ation/Labor Organization*	L					
2516 Sherwin Road	(), 55 -	-uois basos Osganización		Form (Cash, Check, etc.) Check				
City	State	Zip Code	M D Y	Amount				
Columbus Full Name of Contributor	OH	43221	062705	250.00				
Geri L. Johnson			Registration Number, if PA	C				
Street Address	Employer/Occupa	ation/Labor Organization*						
10308 Crestland Ct.				Form (Cash, Check, etc.)				
Cincinnati	State	Zip Code	M D Y	Amount				
Full Name of Contributor	0/14	45251	06111015	50.00				
Cthel Bates Registration Number, if PAC								
Street Address	Address Employer/Occumation/Labor Organization*							
6400 Stoll Lane				Form (Cash, Check, etc.)				
Cincinnati	State	Zip Code		Amount				
quired for contributions from individuals over \$100 to statewide and gener	0 14	45236	09112015	100.00				

individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 645

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee to Elect Andrea Peoples for Judge								
Full Name of Contributor Stephen Mc Intosh				Registra	ation Nun	nber, if P	AC	
799 Nob Hill Drive West	Employer/0	Эссира	ation/Labor Organization*				Form (Cash, Check, etc.)	
City Grahanna	State	— H	Zip Code 43 2 30	M 0 7	D	V 0 5	Amount	
Full Name of Contributor		<u>, , , , , , , , , , , , , , , , , , , </u>	73230					
Vera Alexander								
Street Address	Employer/C	Оссира	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
1123 5 Washington Ave							Cash	
City Compton	State	Α	Zip Code 90 221	M 0 7	D	Y 0 5	Amount # 10,00	
Full Name of Contributor			1000			iber, if PA	00,01	
Cheryl Scott				Registra	uon run	10C1, 11 F A		
Street Address	Employer/0	Эссира	ation/Labor Organization*	-	·	-	Form (Cash, Check, etc.)	
409 Kennedy Blud	6.		In: O i			,	Cash	
Monticello	AState	R	Zip Code	M	D	Y	Amount [0,0]	
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Della Nelson Street Address	le 1 //							
278 S. James Road	Employer/C	ecupa	ation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus	State	í	Zip Code	М	D	Y	Amount	
Full Name of Contributor	011	7	43213	07		05		
James McCoy Jr Street Address				Registra	tion Num	ber, if PA	AC	
Street Address	Employer/C	ссира	ation/Labor Organization*	-			Form (Cash, Check, etc.)	
1076 Juneau Ave							Cash	
City	State	1	Zip Code	М	D	Y	Amount	
Akron Full Name of Contributor	6	4	44320			05	20.00	
Alice Williams				Registra	tion Num	ber, if PA	iC	
Street Address	Employer/C	ссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
5445 Kenwood Road 4402					•		cash	
Cir Cincinnati	State		Zip Code 45227	M 016	D 214	Y 015	Amount 10-00	
Full Name of Contributor		.000	0 6 2 4 0 5 10 00 Registration Number, if PAC					
Richard Termuhlen, 11								
Street Address 495 Columbia Place	Employer/O	ссира	tion/Labor Organization*	-			Form (Cash, Check, etc.)	
City	State		Zip Code	М	D	V	Amount	
Columbus	0 1	ţ	43209	06	24	0 5	35.00	
Full Name of Contributor Alice J Williams								
Street Address	Employer/O	ссира	tion/Labor Organization*	•			Form (Cash, Check, etc.)	
5445 Kenwood Road #402	Ctont-		Zin Codo	1 37			Check	
Cincinnati		4	Zip Code 45 227	M 0 6	24	V 0 5	Amount 50.00	
equired for contributions from individuals over \$100 to statewide and gene	eral assembly	candi	idates If contributor is self-emm		occumati	on and the		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	165

Statement of Contributions Received

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Name of Committee in Full								
Committee to Elect Andrew Peeples for Judge								
Full Name of Contributor	<u> </u>		Registrati	ion Numi	ber, if PA	AC		
Ted Barrows								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
4834 Sarasota Dr						check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	0 14	43026	017	20	015	100.00		
Full Name of Contributor			Registrati	on Numl	ber, if PA	AC .		
David Peterson			1					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
4551 Huckleberry Ct	<u> </u>					chock		
City	State	Zip Code	М	D	Y	Amount		
Hillard Full Name of Contributor	0 4	43096			05	30.00		
			Registration	on Numt	per, if PA	AC .		
Bonnie Finneran Street Address	E1							
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
5400 Deforest Drive	State	Zin Code	T.,			Cash		
Calumbus	O It	Zip Code 43232	M	D	Y	Amount		
Full Name of Contributor		7-232			0 5	10.00		
Deanna Keppler			Registratio	on Numb	ю, if PA	.C		
Street Address	Employer/Occurs	ation/Labor Organization*	<u> </u>			F (0.1.0)		
465 S Parkview Ave Apt 22	Sp.oyen occup.	MOIS LABOR Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	v	Cash Amount		
Berley	OIH	43209	017		3 S	10.00		
Full Name of Contributor			Registratio					
Jackie Keller			ľ		,			
Street Address	Employer/Occupa	ntion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
248 Maplewood Ave						(====,====,		
City	State	Zip Code	М	D	Y	Amount		
White hall	OH	43213	10171	18	015	10.00		
Full Name of Contributor			Registratio	n Numb	er, if PA	C		
Arvetta Simpson								
Street Address	Employer/Occupa	tion/Labor Organization*		,		Form (Cash, Check, etc.)		
1308 Augmont Aug						Cash		
Colombus		Zip Code	М	D	Y	Amount		
Full Name of Contributor	OH	43207	07					
			Registratio	n Numbe	er, if PA	C		
Barbara Williams Street Address	Employee/Occurs	tion/Labor Organization*						
1113 South James Road #23	епрюует/Оссира	non/Labor Organization*			ľ	Form (Cash, Check, etc.)		
City Sab ive Sumes Road B23	State	7in Code	137			cash		
Columbus	OH	Zip Code リンクュイ	M	D		Amount		
Full Name of Contributor	0 1.	43227	071		0 5	10.00		
Roxanne Tyree			Registratio	n Numbe	er, if PAC	C		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
6635 Elm Park Drive					_ 1	Cash		
City Galloway	State	Zip Code	11	D		Amount		
quired for contributions from individuals over \$100 to statewide and gener	OH	43119	0 1		25	10.00		
quire for contributions from individuals over \$100 to statewide and gener	at assembly candi	dates. If contributor is self-emp	loved the oc	ation				

required for contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page	Total :	5	9	0	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Committee to Elect Andrea Full Name of Contributor	Peen	les	Co Judge		
	<u> </u>	10 3	F01 - 00.36	Registration Number, if P	PAC
Josephine L. Frazier Street Address				,	
	Employ	/ег/Оссир	pation/Labor Organization*		Form (Cash, Check, etc.)
1145 Wionna Ave	1				
City	5	tate	Zip Code	M D Y	Amount
Cincinnati	0	14	45224	0804015	100.00
Full Name of Contributor	*****			Registration Number, if P	
Stephanie L. Anderson				1	
3	Employ	er/Occup	oation/Labor Organization*		Form (Cash, Check, etc.)
675 Sheridan AU					chock
City		tate	Zip Code	M D Y	Chock Amount
Columbus	10	H	43209	080405	25.00
Full Name of Contributor				Registration Number, if P.	
Sherrie J Passmore	15 .				
Up 1 1 1 1 1 1 1 1 1	Employ	er/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
431 Whitley Dr	 		lat a .	· • • • • • • • • • • • • • • • • • • •	check
Gahanna	1	tate [+	Zip Code 43230	M D Y	Amount
Full Name of Contributor		100	43230	080205	
E Scott Shows Alland	<i>i</i>			Registration Number, if Pa	AC
E. Scott Shaw Altorney at	Employ	er/Occurs	ation/Labor Organization*	<u> </u>	
	Limploy	ciroccup	adol/Labor Organization*		Form (Cash, Check, etc.)
500 S. Front Street	- S	tate	Zip Code	TV In I	check
Columbus	I .	114	43215	M D Y O 5	Amount
Full Name of Contributor		1 (1	1 43213	Registration Number, if P	
McCord + Akamine L.L.P				Registration Number, it PA	AC .
Street Address	Employe	er/Occupa	ation/Labor Organization*		Form (Cook Charles and
844 S. Front Street		•	•		Form (Cash, Check, etc.) Check
City	St	ate	Zip Code	M D Y	Amount
Columbus	0	H	43206	1 1 1	500.00
Full Name of Contributor	-		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PA	
Katherine M. Foulke Street Address					
	Employe	r/Occupa	ntion/Labor Organization*		Form (Cash, Check, etc.)
5610 Buxley Dr		_			check
, ,	•		Zip Code	M D Y	Amount
Westerville	0	H	43081	072505	10.00
Full Name of Contributor				Registration Number, if PA	C
Anne M. Murray					
Sueet Address	Employe	т/Оссира	tion/Labor Organization*		Form (Cash, Check, etc.)
1594 Cambridge Blud					check
	St		Zip Code	M D Y	Amount
Columbus Full Name of Contributor	0	14	43212	071405	10.00
Karen Lowry				Registration Number, if PA	C
Street Address	Employe	r/Occupa	tion/Labor Organization*	L	Form (Cont. Cl. 1
2420 Larkfield	- Anna O Anna Companion Labor Organization				Form (Cash, Check, etc.)
City	Sta	ite	Zip Code	M D Y	CWCK Amount
Cincinnati	0	H	45222	08015015	100,00
quired for contributions from individuals over \$100 to statewide and gene	ral accem		datas IC and Taxas 10	0 2 2 2 2	100,00

required to contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 895

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N				
Name of Committee in Full Committee to Elect Andrea Pe	eples fo	or Judge		
Full Name of Contributor		·	Registration Number, if	DAC
Carmen R. Cordova Street Address				rac
i e	Employer/Occur	pation/Labor Organization*	_L	Form (Cash, Check, etc.)
733 Grandon Avenue	<u> </u>			Check
City	State	Zip Code	M D Y	Amount
B よりとり Full Name of Contributor	OH	43209	101501	
			Registration Number, if	
Paula V. Deming Street Address				·
	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
886 Middlebury Dr		T		Check
Worthington	State	Zip Code 430 8-5	M D Y	Amount
Full Name of Contributes	1015	43000		5 25.00
Colette A Yates Street Address			Registration Number, if I	PAC
Street Address	Employer/Occup	pation/Labor Organization*		
273 Weydon Road	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	1., 1. 1.v	Check
Worthington	OH	43085	MOUSOIS	Amount
Full Name of Contributor		10- 00	Registration Number, if I	
Barbara J. Seckler Street Address			regionation reminer, it a	?AC
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
274 Westwood Road	-	· ·	•	Check, etc.)
City	State	Zip Code	M D Y	Amount
Columbus	OH		110117015	
Full Name of Contributor			Registration Number, if P	
Kevin L Boyce for City Council Co.	mmittee			
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
250 West Street	<u> </u>	·		check
City Columbus	State	Zip Code	M D Y	Amount
	0 1+		061205	100.00
Full Name of Contributor			Registration Number, if P	AC
Stephanie Howell	I			
5516 Cary Lane	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City Lang	Cénta	la: a i		Check
Columbus	State O H	Zip Code 43232	M D Y	Amount
Full Name of Contributor		73434	072905	20.00
Joan Harris-Graves			Registration Number, if P.	AC
Street Address	Employer/Occupa	ation/Labor Organization*		
3323 Braewood Dr	nuproyer oc	MOWEAUGI Organización		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	check
Cincinnati	OH	45241	072205	Amount 250,00
Full Name of Contributor		<u> </u>	Registration Number, if P.	
Si Sokol				
Street Address	Employer/Occupa	ntion/Labor Organization*		Form (Cash, Check, etc.)
2346 Fishinger Rd				check
City Columbus	State	Zip Code	M D Y	Amount
Common	OH	43221	072705	250.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 735

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrea Per	ples fo	· Judge		
Full Name of Contributor			Registration Number, if	PAC
Tammi Johnson			9	· Ac
Street Address	Employer/O	ccupation/Labor Organization*		Form (Cash, Check, etc.)
5465 Longworth Dr				cash
Celombus	State	Zip Code	M D Y	Amount
Full Name of Contributor	10 11	43016	018 218 013	
			Registration Number, if	PAC
Betty J. McCray Street Address	EI			
6313 Elwynne	Laipioyei/Ot	ccupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Tv 15 T ::	check
Cincinnati	014		1008015	Amount
Full Name of Contributor	1010		Registration Number, if I	
Kent Markus Street Address			rogistration (vulnoci, ii i	AC
	Employer/Oc	cupation/Labor Organization*		Form (Cash, Check, etc.)
5636 Indian Hill Road				check
City Dublin	State	Zip Code	M D Y	Amount
Full Name of Contributor	OH	43017	100505	200.00
			Registration Number, if P	AC
Jeffrey Berndt Attorney at	Law			
575 S. High St	Employer/Oc	cupation/Labor Organization*		Form (Cash, Check, etc.)
City_	State	7:- C-1		check
Columbus	0 11	Zip Code 43215	I O B O IS	Amount
Full Name of Contributor	10 11	14271		
Franklin County Democratic L	awyers	PAC	Registration Number, if P.	AC
Street Address	Employer/Occ	cupation/Labor Organization*		Form (Cook Chart and
1141 S High Street		•		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Check
Columbus	OH	43206	110 113015	I BV
Full Name of Contributor			Registration Number, if Pa	R · -
Christopher J Minnillo Street Address				
1500 W Third Ave Suite 400	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
City Suite 400				check
Columbus	State O H	Zip Code 43 21 2	M D Y	Amount
Full Name of Contributor	UIN	1 43 21 2	101305	
J. Odell Seals			Registration Number, if PA	AC .
Street Address	Employer/Occ	upation/Labor Organization*	L	
6579 Rosemont Lane		The state of the s		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Check
Mason	OH	45040	10115015	100.00
full Name of Contributor			Registration Number, if PA	
WILL GATHER			1	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
6311 Elwynne Dr				check
Cincinnati	State	Zip Code	M D Y	Amount
uired for contributions from individuals over \$100 to statewide and gene	OIH	45236	101405	35-00

individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	1770
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrea F	eeples	for Judge		
Full Name of Contributor			Registration Number, it	f PAC
Jane APeeples			, ,	·····
Street Address	Employer/Oc	cupation/Labor Organization*		Form (Cash, Check, etc.)
6401 Stoll Lane	_L			check
City	State	Zip Code	M D Y	
Cincinnati	HOL	45236	08200	5 125.00
C A A A A A A A A A		^	Registration Number, if	PAC
Columbus/Central Ohio Bldg + Constru	ction Ir	ades Council PAC	LA1214	
	Employer/Oc	cupation/Labor Organization*		Form (Cash, Check, etc.)
555 E, Rich St. #2/7	Ctut	la: o .	· · · · · · · · · · · · · · · · · · ·	check
Columbus	State O 14	Zip Code	M D Y	Amount
Full Name of Contributor	1 0 114	43215	081801	
Angela Radney			Registration Number, if	PAC
Street Address	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.)
				check
Reynoldsburg	State	Zip Code	M D Y	Amount
Full Name of Contributor	OH	43068	08 110013	
Linda L. Childs - Jeter			Registration Number, if	PAC
Street Address	Employer/Occ	upation/Labor Organization*		
1033 Adams St	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	apadon Labor Organización		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Check
Cincinnati	014	45 215	018 110 015	Amount 50.00
Full Name of Contributor			Registration Number, if	J = 70 O
Shunflica Smith			,	· AC
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
4066 N 8th Street				check
	State	Zip Code	M D Y	Amount
Milwaukee Full Name of Contributor	WI	53209	08114015	50.00
Preston Stearns			Registration Number, if I	PAC
Street Address	Epployas/Ossa			
1020 Matterhorn Dr	Linployer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	14 15 14	Check
Reynoldsburg	OH	43068	M D Y	Amount 50.00
Full Name of Contributor		1,500	0 8 0 6 0 5 Registration Number, if P	30.00
Marchelle Moore			registration (Authori, 11 P	AC
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
7918 Slate Ridge Boulevard				
Lity	State	Zip Code	M D Y	C Q S M Amount
Reynoldsburg	OH	43068	0 8 2 8 0 5	
full Name of Contributor	-		Registration Number, if P	AC
Erica Gartner Greet Address	-			
2086 Ridgeview Rd D	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City				cash
Columbus	State O H	Zip Code	M D Y	Amount
uired for contributions from individuals over \$100 to statewide and gene	1 - 111	4322/	082805	10.00

individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 830

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Andrea	Peei	- وماد	for Judge		-		
Full Name of Contributor	`		J	Degistr	etion Nu	mber, if P	
Barbara B Bond Street Address				int giou	auon itui	пюст, и г	AC
	Employ	er/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
1201 Edgecliff Pl. Apt 1022		-					check
City	s	tate	Zip Code	М	D	ΤΥ	Amount
Cincinnati	0	114	45206	•		05	
Full Name of Contributor		<u> </u>	1			nber, if P	<u> </u>
Leroy Browning						Inoc.,	.
Street Address	Employ	ег/Оссир	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
709 B Wayeross Rd							check
City	1 .	tate	Zip Code	М	D	Y	Amount
Cincinnati	U	14	45240	1019		015	
Full Name of Contributor						nber, if P	
Ellen Barker Stroet Address							
	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
5636 Grant Street	1						check
Merrilluille	, 51	tate	Zip Code	M	D	Y	Amount
Full Name of Contributor		N	46410	09	05		30,00
				Registra	tion Nur	ber, if PA	
Richard E Graham Street Address	Irmlan	10 - mm		<u> </u>			
315 Blandford Dr	Енфюус	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
City	St	ate	Zip Code	T			Check
Worthington	0 30	ate H	43085	M	D D		Amount
Full Name of Contributor			730 63			U 5 ber, if PA	
Ethel Bates				Kegione	DON LARMY	iber, il fa	C
Street Address	Employe	т/Оссира	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
6400 Stoll Lane							Pomi (Casii, Circes, eu.,
City	1 .	ate	Zip Code	М	D	Y	Amount
Cincinnati	0	H	45236	09	_	015	
Full Name of Contributor						ber, if PA	
Calvin Peeples Street Address			·	 		-	
	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
6401 Stoll Lane							Cash
	Sta		Zip Code	M	D	Y	Amount
Cincinnati Full Name of Contributor		it	45236			0 5	10.00
Annie Todd						ber, if PA	C
Multe 10ag Street Address	Temploye	(A-1119)		<u> </u>			
3771 Wood ford Ave	Employe.	г/Оссира	tion/Labor Organization*		_		Form (Cash, Check, etc.)
City	Sta	to	Zip Code		<u> </u>		check
Cincinnati	1 -	H	45213	M 0 8	D		Amount
Full Name of Contributor		1,	13 213			05	75.00
K. Sue Foley				Kegisuau	on Numi	er, if PAC	C
Street Address	Employer	/Occupat	tion/Labor Organization*	L			
4898 Sharon Avenue	1		More Departments			ľ	Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	v	Check Amount
Columbus	01	. 4	43214	08		015	135.00
quired for contributions from individuals over \$100 to statewide and and					•	9	122.00

Page Total \$ 560.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrea	Presh	es for Judge		
Full Name of Contributor	<u> </u>		Registration Number, if I	<u> </u>
Richard A. Cordray			regionation raminer, it s	PAC
Street Address	Employer/O	occupation/Labor Organization*		Form (Cash, Check, etc.)
4900 Grove City Road				
City	State	Zip Code	M D Y	check Amount
Grove City	OH	. 1 '	019 012 015	
Full Name of Contributor	- 		Registration Number, if P	1
John J. Kulewicz				AC
Street Address	Employer/Or	ccupation/Labor Organization*		Form (Cash, Check, etc.)
2104 Yorkshire Road				Check
Columbus	State	Zip Code	M D Y	Amount
	0 14	43221	019112015	.
Full Name of Contributor			Registration Number, if P.	
Janet Jackson Street Address				
_	Employer/Oc	ccupation/Labor Organization*		Form (Cash, Check, etc.)
2865 Castlewood Road				Check
Columbus	State O I H	Zip Code	M D Y	Amount
Full Name of Contributor	OH	43209	09118015	
<u>-</u>	1 10	00 54	Registration Number, if P	AC
Ohio Wicinity Reg. Council South Cer Street Address	Itral U	HILE PAC	LA416	
	Employer	ccupation/Labor Organization*		Form (Cash, Check, etc.)
1394 Courtright Road	Ctate			Check
Columbus	State	Zip Code	M D Y	Amount
Full Name of Contributor	1 5 1.	43227	092705	1 4
			Registration Number, if PA	AC
Timothy Harildstad Street Address	Immlover/Oc	cupation/Labor Organization*		
7199 Havens Corners Road	Campion -	мрацоп/Labor Огданильной	•	Form (Cash, Check, etc.)
City	State	Zip Code	11. 12 1V	check
Blacklick	OH	43004	019 213 015	Amount 100.00
Full Name of Contributor		10001	Registration Number, if PA	
Carpenters Local Union # 200 Street Address	,		LERISHANDII TAMENAT' IL V .	'C
	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.)
1545 Alum Creek Drive	1	-	,	Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Columbus	OH		0 9 2 6 0 5	
Full Name of Contributor			Registration Number, if PA	0.0.0
Clarence Truzier			,	.C
Street Address	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.)
1145 Wionna Ave	i	•	1	
City	State	Zip Code	M D Y	C'heck Amount
Cincinnati	OH	45224	016017015	
Full Name of Contributor			Registration Number, if PA	g -
M. Elizabeth Gill Street Address				
	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
65 E. State Street			1	gh-line cc
	State	Zip Code	M D Y	Amaint
quired for contributions from individuals over \$100 to statewide and general	OH	43215	0190705	25000
				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2300,00

Page [

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Androa Per	ples	to 1	Judge				
Full Name of Contributor				Registr	ation Nu	mber, if P	PAC
Sharon D Johnson				ı			
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
5065 Paddock Road							Check
Cincinnati	O	itate i +	Zip Code 45237	M	D	1013	Amount
Full Name of Contributor		<u></u>				mber, if P	
Regina C. Sylvester							
Street Address	Employ	ет/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)
6318 Elwynne							check
City		tate	Zip Code	М	D	Y	Amount
Cincinnati	0	H	45236	08	217	05	25.00
Full Name of Contributor				Registra	tion Nu	mber, if P	AC
Kristen Brown	-						
1489 Oak bourne Road	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
City	+		7: 0 1	· · · · · · · · · · · · · · · · · · ·			check
Worthington	o	tate H	Zip Code 43235	018	D 219	015	Amount 400.00
Full Name of Contributor		L.,				nber, if Pa	
Victoria Brown							
Street Address	Employe	ет/Оссира	ation/Labor Organization*	-			Form (Cash, Check, etc.)
7400 Laurel Oak Lane	 		7: 0.1		,	_	check
Cincinnati	1	ate H	Zip Code 45237	018	D 219	015	Amount
Full Name of Contributor						nber, if P/	
Catherine Girves				ľ		•	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
2300 Indianola Avenur							Check
City Calling Date		ate	Zip Code	М	D	Y	Amount
Columbus	0	H	43202	08	29	05	150.00
Full Name of Contributor				Registrat	tion Nun	aber, if PA	VC
Calvin Peeples Street Address	To :						
6401 Stoll Lane	Employe	т/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
City		ate	Zi- C-1-				Check
Cincinnati	0		Zip Code 45236	N KZ	ろり D	0/5	Amount (Q.D.O.Ô.
Full Name of Contributor			70 -30			ber, if PA	
William Jones				r.cgibuu,	1011 11411	ioci, ii i z	
Street Address	Employe	т/Оссира	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
142 Winston Dr							(heck
City	St		Zip Code	М	D	Y	Amount
Hamilton	0	H	45013	09	0	05	500.00
Full Name of Contributor Almeta L. Fulgham-Bronson				Registrat	ion Nun	ber, if PA	С
Street Address	Employe	r/Occupat	tion/Labor Organization*				C (0 1 0 1
6324 Elwynne Dr		отопри	Orbanication				Form (Cash, Check, etc.)
City	Sta	ite	Zip Code	М	D	Y	Check Amount
Cincinnati	0	1+	45236	019	-	05	100.00
quired for contributions from individuals over \$100 to atstavide and non-				_			

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517,10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Committee to Elect Andrea	Peeples I	for Judge			
Full Name of Contributor			Registration Nu	unher if F	24.0
Deborah S. Frye Street Address		·		Hillory	AC
Street Address 5700 Matuka Drive	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)
S 700 Matuka Drive	1				Check
Columbus	State	Zip Code 43232	M D	Y	Amount
Full Name of Contributor	10 12	173636		805	
Ted Barrows			Registration Nu	mber, 11 F.	AC
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)
4834 Sarasota Drive					Check
City	State	Zip Code	M D	Y	Amount
Hillard Full Name of Contributor	OH	43026	019 1 18	505	450.00
			Registration Nu	mber, if P	
Anne M Murray Street Address	Employer/Occum	oation/Labor Organization*			
1594 Cambridge Blvd	Emproyer Occupa	thon/Labor Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M D	T Y	Check
Columbus	0 14	43212	019 115	_	Amount 25.00
Full Name of Contributor			Registration Nu		
Debora Halbert				•	
Street Address	Employer/Occupa	ation/Labor Organization*	-		Form (Cash, Check, etc.)
3539 Olentangy Blvd					Check
Columbus	State O H	Zip Code 43214	M D		Amount
Full Name of Contributor		4251	0926		
Jeffrey Bennington			Registration Nur	nber, if PA	ic
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)
508 Spinghollow Road				ľ	Form (Cash, Check, etc.) Check
City		Zip Code	M D	Y	Amount
Circleville Full Name of Contributor	OH	43113	019 212	05	100.001
			Registration Nun	nber, if PA	ıC .
Marcella G Trice Street Address	15 *				
4016 Tamworth Cir	Employer/Occupat	tion/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	1, 1, 1, -		Check
Cincinnati	0 14	45213	M D 20		Amount
Full Name of Contributor			Registration Num		
Zenobia M Ridgell	=			DCs, a	C
Street Address	Employer/Occupat	tion/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
2739 Stillwater Lake Lane			<u></u> -		Check
Marietta		Zip Code	M D	Y	Amount
Full Name of Contributor	GA	30066	09119	05	300.00
Richard Graham Street Address			Registration Num	ber, if PA	c
15484 Court Village Lang	Employer/Occupati	tion/Labor Organization*	- 		Form (Cash, Check, etc.)
City Court Village Lang					Money Order
City	State 2	Zip Code	M D		Amount
quired for contributions from individuals over \$100 to statewide and gene			0918	05	25-00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 10 8 0,00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrew Pe	eples f	or Judge		
Full Name of Contributor		<u> </u>	Registration Number,	ifPAC
Charles C Postlewaite LL		·		
Street Address 3040 Riverside Drive, Suite 122	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
City City	State	Zip Code	1	Check
Columbus	0 11	43221	M D Y	
Full Name of Contributor		1 .0 !	Registration Number,	
Helen M. Ninos				
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
891 Dark Star Ave	Ctata	12: 0 :		Check
Gahanna	State O H	Zip Code 43230	M D \overline{Y}	Amount
Full Name of Contributor	10 11.	73430	09080 Registration Number, i	
Elvis Caulton Street Address			registration (diliber, I	TRAC
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
7632 Pacific Hills Ave Apt 204				Check
Las Vegas	State /	Zip Code	M D Y	Amount
Full Name of Contributor	/V V	89128	01901301	
Vernetta Louise Lewis			Registration Number, it	PAC
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
1804 Crest Hill		•		Check
City	State	Zip Code	M D Y	Amount
Cincinnati Full Name of Contributor	OH	45237	09070	5 20.00
			Registration Number, if	PAC
Jacquelyn W. McCray Street Address	Employer/Occup	ation/Labor Organization*		F (0.1.6)
6307 Ridgewood	pioyen occupi	anous Empor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Check
Pine Bluff	AR	71603	019 015 01	
Full Name of Contributor			Registration Number, if	PAC
Kichard F. Hunter Street Address	Employer/Occurs	stice# shee O		
4025 Dien/ Ave	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Cincinnati	OH	45236	01901801	•
Full Name of Contributor			Registration Number, if	
Alma Butler Street Address	<u> </u>			
1346 Roosevelt Place	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code		Chack
GARY	LIN	46404	M D Y	Amount 10 00
Full Name of Contributor		70.00	Registration Number, if	
Janice Jones				
	Етрюует/Оссира	tion/Labor Organization*		Form (Cash, Check, etc.)
581 Columbia Road	Chart	7. 0.1		Check
Hamilton	State O H	Zip Code 45013	M D Y	Amount
quired for contributions from individuals over \$100 to statewide and gener		73013	091705	50.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 440

Statement of Contributions Received

Prescribed by Secretary of State 3/05

eeples f	ar Judge		 -		
	<u> </u>	Registra	ation Nu	mher. if P	AC
		· ·			AC.
Employer/Occup	pation/Labor Organization*	Ь			Form (Cash, Check, etc.)
					Check
State	Zip Code	М	D	Y	Amount
0 14	43021	019	213	1015	20,00
				_	
Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
<u> </u>					Money Order
State	Zip Code	M	D	Y	Amount
1+ K	11655				
	- 	Registra	tion Nur	nber, if P	AC
<u> </u>		<u> </u>			
Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
					Money Order
	4 -	M	D	Y	E
1+11	11022	+			
		Registrat	tion Nun	nber, if P	AC
E-mlover/Occup	dan Allehan Organization \$	<u> </u>			
Employer	Mon/Labor Organization -				Form (Cash, Check, etc.)
Ctate	Iz:- Codo	T.,			
1 .	1 '			N IS	Amount
<u> </u>	73412				7
		Kegisuau	ion mu	iber, 11 r	AC
Employer/Occupa	ation/Labor Organization*	<u> </u>			Print (Oct Obest 141)
	Mos Later O.D.				Form (Cash, Check, etc.)
State	Zip Code	М	n	I v	Check
OIH	4 -	1 1			•
<u></u>	, ,				
		b	lun i veen.	l)Ci, 11	ic
Employer/Occupa	ation/Labor Organization*	Щ_		-	Form (Cash, Check, etc.)
1	<u></u>				
		М	Ď	Y	Chock Amount
OH		019	219	015	100.00
				,	
Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
l					Check
ا ند ا	Zip Code	М	D		Amount
0 H	43015	019	2 9		100.00
		i			
Employer/Occupat	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	·				
State	Zip Code	М	D	Y	Amount
OH	43213	10	011	015	100.00
	Employer/Occupa State O H Employer/Occupa State A R Employer/Occupa State O H Employer/Occupa State O H Employer/Occupa State O H Employer/Occupa	Employer/Occupation/Labor Organization* State Zip Code 71655 Employer/Occupation/Labor Organization* State Zip Code 71655 Employer/Occupation/Labor Organization* State Zip Code 9 H 43212 Employer/Occupation/Labor Organization* State Zip Code 9 H 43214 Employer/Occupation/Labor Organization* State Zip Code 9 H 43214 Employer/Occupation/Labor Organization* State Zip Code 9 H 43201 Employer/Occupation/Labor Organization* State Zip Code 9 H 43201 Employer/Occupation/Labor Organization* State Zip Code 9 H 43201 Employer/Occupation/Labor Organization* State Zip Code 9 H 43015	Employer/Occupation/Labor Organization* State Zip Code O H 43021 C Q Q Registrat Employer/Occupation/Labor Organization* State Zip Code A Registrat Employer/Occupation/Labor Organization* State Zip Code O H 43212 C Q Q Registrat Employer/Occupation/Labor Organization* State Zip Code O H 43214 C Q Q Q Registrat Employer/Occupation/Labor Organization* State Zip Code O H 43214 C Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	Employer/Occupation/Labor Organization* State Zip Code O LH 43021	Registration Number, if P

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 799.84

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Andre	ea P	eed	es for Judge	,			
Full Name of Contributor		- C F.	to to to Goding		ration N	umber, if	PAC
Jane Peeples Street Address							· ne
Street Address	Employ	er/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)
6401 Stoll Lane							Cash
Cincinnati	1	tate	Zip Code 45236	M	D	Y	Amount
Full Name of Contributor	10	1,,	75 636			501	
Susan Ashbrook Street Address				Registi	ration Ne	umber, if	PAC
_	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City 2994 Crescent Drive							Check
Columbus	S	tate	Zip Code 43204	M	D	Y	Amount
Full Name of Contributor	10	-	1 300 4			mber, if	5 50.00
Geraldine Vaushn Street Address				Regisu	auon Nu	mber, it	PAC
	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
2045 Greenwood Ave	-	ate	Zip Code	T			Cash
Akron Full Name of Contributor		ĬĤ	44320	M	D	OS	Amount 40.00
			11320			mber, if	
Patsy Ann Thomas Street Address	Genelaus	-10		L			
5689 Plum Orchard Dr	Employe	T/Occupa	tion/Labor Organization*				Form (Cash. Check, etc.)
City	St		Zip Code	М	D	ΙΥ	Check
Columbus Full Name of Contributor	0	H	43213	110	114	1015	60,001
Doris Frye Street Address				Registra	tion Nu	nber, if F	PAC
	Employe	г/Оссира	tion/Labor Organization*	Ь			Form (Cash, Check, etc.)
6390 Lamberton Ct			-				Check
middle town	Sta O I	ite H	Zip Code	M	D	Y	Amount
Full Name of Contributor			45044	10	11		150.00
Mary Sylvester Street Address				Registra	uon Nun	nber, if P	AC
Street Address	Employer	/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
6316 Elwynne Dr							check
Cincinnati	Sta	H	Zip Code	M	D	Y	Amount
Full Name of Contributor	0	1,	45236	10	11	03	25.00
VedaWilborn				Registrat	non Nun	ber, if P	AC
Street Address	Employer	/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
2713 Spinners Way							Check
Chosapeake	Star V		Zip Code	M	D	Y	Amount
Full Name of Contributor		,,,			03		100.00
Proof Address	-		<u> </u>	Registrat	ANI NUM	oer, it P	AC
treet Address	Employer	Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
City	Co.	<u>, </u>	2. 6.1				
	Stat	E	Zip Code	М	D	Y	Amount
uired for contributions from individuals over \$100 to statewide and gene	ral assemb	ly candid	ates If contributor is salf annul				

required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 555,00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrew	Pood	es for ludge		
L WI LANGE OF COMMIDAM		62 101 200 de	D : : : : : :	
Contributions from Form	31-1-		Registration Number, if I	AC
Street Address		apation/Labor Organization*		Form (Co.t. Ch. J)
				Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	1 1	•	016 213 015	
Full Name of Contributor			Registration Number, if P	
Contribution from Form :	31-E		Soundon Humber, III	AC .
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
				onii (casii, circa, ca.)
City	State	Zip Code	M D Y	Amount
			063005	150.00
Full Name of Contributor			Registration Number, if P	
Contribution from Form				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City			· 	
City	State	Zip Code	M D Y	Amount
Call No.			0921015	355.00
Full Name of Contributor			Registration Number, if P.	AC
Contribution from Form 3	I-E			
Succi Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	
		34,000	0913015	Amount
Full Name of Contributor		<u> </u>	Registration Number, if P.	1
Contribution from Form 31	-E		registration realised, if the	10
Street Address		pation/Labor Organization*		Form (Cash, Check, etc.)
				t of the (Casa, Cacca, etc.)
City	State	Zip Code	M D Y	Amount
	1 1		1011805	925.00
Full Name of Contributor	- 		Registration Number, if P	
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
	l			one (one one one one)
City	State	Zip Code	M D Y	Amount
	<u> </u>	1		
Full Name of Contributor			Registration Number, if PA	C
			I	
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
				, ,
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if PA	c
2			1	
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
				(
City	State	Zip Code	M D Y	Amount
quired for contributions from individuals over \$100 to statewide and gene	eral accombly one	lidean If 10	المسلم المسام المسامر	

required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3002.50

Event Date	6-23-05
Page	17

	Prescribed by 5	Secretary of State 3/05		•
Name of Committee in Full		~		
Committee & Elect Andrea f	eeples	for Judge		
Full Name of Contributor			Registration Nu	mber if PAC
Kelly O'Reilly Anzelmo				and it is a second
Street Address	Employer/Occu	upation/Labor Organization*	M D	Y Amount
446 Howland Drive			0623	
City	State	Zip Code	Form(Cash,Che	
Gahanna	DIH	43230	Check	
Full Name of Contributor	1 911.	113230		
Greg Wehrer			Registration Nu	mber, if PAC
Street Address	Employer(Occ		 	
SIN 1.) 3rd Aug	Employer/Occi	pation/Labor Organization*	M D	Y Amount
SIN W3rd Aue	<u> </u>		0623	
	State	Zip Code	Form(Cash,Che	
Lolumbus	0 14	43201	1 checl	
Full Name of Contributor			Registration Nu	mber, if PAC
Cara C. Orr				
Street Address	Employer/Occu	pation/Labor Organization*	M D	Y Amount
139 Westview Avenue	<u> </u>		0623	05 35.00
City	State	Zip Code	Form(Cash,Chec	
Columbus	OH	43214	chec	k
Full Name of Contributor			Registration Nur	
Jennifer S. Thompson, Alton	mey ct	Law	"	
Street Address	Employer/Occu	pation/Labor Organization*	M D	Tyle
7482 Vista Lake Way		r and organization	06 23	Y Amount
City	State	Zip Code		
Powell	0 14	43065	Form(Cash,Chec	
Full Name of Contributor		1 73065	Check	
The Brunner Firm Co. L	5 4		Registration Nur	nber, if PAC
Street Address	PA			
	Employer/Occu	pation/Labor Organization*	M D	Y Amount
545 East Town Street				35.00
1 · 🔿 ·	State	Zip Code	Form(Cash,Chec	ck,etc)
Colombus	OH	43215	Check	
Full Name of Contributor			Registration Nur	nber, if PAC
Ira B Sully Attorney at	Law			
Succe Addless	Employer/Occur	pation/Labor Organization*	M D	Y Amount
844 South Front Street			0623	
City	State	Zip Code	Form(Cash,Chec	
Columbus	OIH	43200		A,CLC)
Full Name of Contributor		1020+	Check	1 CONTRACTOR
Natalie Trishman			Registration Nun	nber, it PAC
Street Address	Employer/C	ation/Labor Our in the	1,	
110 N Third St. Unit 204	ганфюуст/Осси	pation/Labor Organization*	M D	Y Amount
City City		Ta: 2	0623	
Columbus	State	Zip Code	Form(Cash,Chec	
COLOWOOS	OH	43215	check	
quired for contributions from individuals over \$100 to statewide and gene	eral assembly can	didates. If contributor is self-em	ployed, the occurat	ion and the name of the

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total S 182.50

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	06-23-05
Page	18

Name of Committee in Full	r rescribed by Se	cretary of State 3/05	*
Committee to Elect Androa	Peeples	for Judge	
Full Name of Contributor			Registration Number, if PAC
Sherri Lynn Coffey			The state of the s
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
4790 E. Livingston		•	All
City	State	Zip Code	0 6 23 0 5 10.00 Form(Cash,Check,etc)
Columbus	014	43227	
Full Name of Contributor		1 17551	Cash
Grey Wehrer			Registration Number, if PAC
Grey Wehrer Street Address	Employer/Occur	nation/Labor Organization*	M D V Amount
514 W 3rd Aug	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addition Caganization	- Alloun
City	State	Zip Code	062305 10.00
Cohmbus	0 114	43201	Form(Cash,Check,etc)
Full Name of Contributor	1 - 114	13201	Cash
Kristen Brown			Registration Number, if PAC
Street Address	E		
1489 Oak bourne Drive	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	 	1	062305 10.00
Columbus	State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor	1014	43235	Cash
			Registration Number, if PAC
Corwin Smith			
	Employer/Occup	ation/Labor Organization*	M D Y Amount
City City			0623015 10.00
	State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor	OH	43065	Cash
			Registration Number, if PAC
Dyango A Snell Street Address	·		
1681 Carstare Dr	Employer/Occup	ation/Labor Organization*	M D Y Amount
1081 Carstare Dr	<u> </u>		06 230 5 35.00
Columbus	State	Zip Code	Form(Cash,Check,etc)
	OH	43227	Check
Full Name of Contributor			Registration Number, if PAC
William A. Thorman			•
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
255 WSchreyer Pl		-	0623012 35-00
City	State	Zip Code	Form(Cash, Check, etc.)
Columbus	Olit	43214	Check
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Tonya Mc Creary Williams			- Grandon Huntoci, II FAC
Street Address	Employer/Occum	ation/Labor Organization*	M D Y Amount
854 South Waverly Street	1	C-SOL OLEMENTARION	1 mount
City	State	Zip Code	062305 35.00
Columbus	0 14	43227	Form(Cash,Check,etc)
	- (1	13 66 1	Check
quired for contributions from individuals over \$100 to statewide and gene			

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 145.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	6-23-05
Page	19

	riescribed by Se	cretary of State 3/05				
Name of Committee in Full Committee to Elect Andrea Pa	eeples fo	· Judge				
Full Name of Contributor			Registra	tion Num	ber, if P	AC
Daniel B Miller		•			•	
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
8241 Longhorn Raad		-	016	213	015	
City _	State	Zip Code		sh,Check		00.00
Powell	OIH	43065		neck		
Full Name of Contributor	<u> </u>	1,000		tion Num		
Lesley Ashworth Street Address					ou, n i r	
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
306 Kenbrook Dr				23		35-00
City	State	Zip Code		sh,Check		
Worthington	OH	43085	Ch	.eck		
Full Name of Contributor				tion Num	ber, if PA	NC .
Lori Mc Caughan Street Address	-					
	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
5492 Red Bank Road			06	23	0 5	35-00
L * _	State	Zip Code	1	sh,Check		
Calena Full Name of Contributor	0 1+	43021	C	heck	<u> </u>	
			Registrat	ion Num	ber, if PA	VC .
Sarah M Schregardus						
street Address 1621 Aschinger Blud	Employer/Occup	ation/Labor Organization*	M 0 4	D 2 3	Y 0 5	Amount 3 5 - 00
City	State	Zip Code		sh,Check		9 - 0
Columbus	OH	43212	ch	eck		
Full Name of Contributor				ion Num	ber, if PA	C
Kristen Brown Street Address			1			
_	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
1489 Oakbourne Road			06	23	015	35-00
City	State	Zip Code		sh,Check		
Worthington Full Name of Contributor	0 14	43235	1 Cu	recle		
			Registrat	ion Num	ber, if PA	C
Kristen Brown Street Address	-					
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount
1489 Oak bourne Road			016	23	015	
City	State	Zip Code		sh,Check		
Worthing ton Full Name of Contributor	OH	43235	1 (reck		
				ion Num	per, if PA	C
Jeremy D Seidt Street Address						
	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount
139 Westview Aue				43		35.00
City	State	Zip Code	Form(Ca			
Columbus	9 14	43214	<u> </u>	eclc		
equired for contributions from individuals over \$100 to statewide and						

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 230.00
	<u> </u>	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

		_
Event I	Date (0-23-05	
Page	20	

Prescribed by Secretary of State 3/05

Name of Committee in Full to Elect Andrew Peeples for Judge Committee Registration Number, if PAC John M Jackson Street Address Employer/Occupation/Labor Organization* 7000 Cardinal Place 062305 5.00 Zip Code Form(Cash,Check,etc) Columbus 0 1 14 Cash 43017 Full Name of Contributor Registration Number, if PAC Elizabeth Laudeman Street Address Employer/Occupation/Labor Organization* 062305 10.00 Form(Cash,Check,etc) State Zip Code Cash Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount State Zip Code Form(Cash Check etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc)

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

in the date column.		
Total contributions this event	Total expenditures this event	
572.50		Page Total S 15.0

Event Date	6-30-05
Page	21

Prescribed by Secretary of State 3/05 to Elect Andrea Peeples ull Name of Contributor Registration Number, if PAC Agron Employer/Occupation/Labor Organization* \mount 9540 Shawnee 310 05 25.00 Zip Code 014 43065 check Registration Number, if PAC Employer/Occupation/Labor Organization® 30 25.00 Zip Code 43212 Chock Full Name of Contributor Registration Number, if PAC Erin Employer/Occupation/Labor Organization* 3005 25-00 State Zip Code Form(Cash,Check,etc) <u>olumbus</u> 014 Check Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* 0630015 50.00 Zip Code State Form(Cash,Check,etc) 43206 Check Registration Number, if PAC Employer/Occupation/Labor Organization* Amount 550 116 3D 015 2500 State Zip Code Form(Cash,Check.etc) 43054 Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City Zip Code Form(Cash,Check,etc)

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Transfer the Total contributions for this event to in the date column.	form No. 31-A. Under Full Name of Contributor state "Contributions from fo	orm No. 31-E" and list the date of the event
Total contributions this event	Total expenditures this event	
150.00	0	Page Total \$ 150.00

Event Date	09-13-05
Page _	∂a

Prescribed by Secretary of State 3/05 Name of Committee in Full to Elect Andrea Peoples for Judge Committee Registration Number, if PAC Steve n Employer/Occupation/Labor Organization* Street Address 518 113015 50.0Ò State Zip Code Form(Cash,Check,etc) Columbus 43215 Check Registration Number, if PAC Reinhart Employer/Occupation/Labor Organization* Amount 400 50.00 State Zip Code 0 14 43215 Check Registration Number, if PAC I.B.EW - CO.P.E. Street Address Employer/Occupation/Labor Organization* D Amount \$2,50.00 0 9 1 3 900 Seven Zip Code State Form(Cash,Check,etc) 20001 ('heck Registration Number, if PAC Daniel Employer/Occupation/Labor Organization* 019/1/3/015 50.00 Form(Cash,Check,etc) 43065 OIH Check Registration Number, if PAC Employer/Occupation/Labor Organization* 799 Nob 019/1/3/015 50.00 Zip Code Form(Cash,Check,etc) Gahanna 1 H 43230 check full Name of Contributor Registration Number, if PAC David Employer/Occupation/Labor Organization* 244 Collins 019 1 13 015 100.00 Form(Cash,Check,etc) Columbus 43215 Full Name of Contributor Registration Number, if PAC Richard Employer/Occupation/Labor Organization* Amount 3 50+00 1 3 0 5 238 E. OIH Columbus 43214

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 900,00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event D	oq-13-05
Page	23

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee to Elect Andrew Peeples for Judge Full Name of Contributor Registration Number, if PAC <u>Lawrence</u> Riehl Employer/Occupation/Labor Organization* 500 01911131015 100.00 State Zip Code Columbus 43215 01 H Check Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City State Zip Code Form(Cash Check etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

in the date column.	Orace Full Name of Contributor State Con	nurousous from form 190. 31-E" and list the date of the event	
Total contributions this event	Total expenditures this event	Page Total \$ 100.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event I	Date and all as
ł	Date 09-21-05
Page	24

Prescribed by Secretary of State 3/05 Committee to Elect Andrea Peeples for Judge Registration Number, if PAC Russell Goodwin Employer/Occupation/Labor Organization* 30.00 103 E. First Aue 019 211 Zip Code Form(Cash,Check,etc) Columbus OIH 43201 Check Full Name of Contributor Registration Number, if PAC Thomsen Katherine M Employer/Occupation/Labor Organization* 5138 N. High 20.00 019 211 015 State Form(Cash,Check,etc) Columbus 43214 Check ull Name of Contributor Registration Number, if PAC Fraternal Order of Police Employer/Occupation/Labor Organization* 520 S. High Street 100.00 015 09 21 Columbus Zip Code State Form(Cash,Check,etc) 43215 Check ull Name of Contributor Registration Number, if PAC Richard B Tennant Employer/Occupation/Labor Organization* 1724 luyhill Loop N 25.00 Form(Cash,Check,etc) Columbus 43229 Check Full Name of Contributor Registration Number, if PAC Anna Firestone Employer/Occupation/Labor Organization* 204 E Royal Forest B1 50.00 092105 Columbus Zip Code Form(Cash,Check,etc) 14 43214 Ò Check ull Name of Contributor Registration Number, if PAC Sara Ernest Street Address Employer/Occupation/Labor Organization* Amount 271 S Champion Ave 25.00 019 211 Zip Code State Form(Cash,Check,etc) Columbus 43205 check ull Name of Contributor Registration Number, if PAC Lorie L. McCaughan Street Address Employer/Occupation/Labor Organization* Amount 5492 Red Bank Road 25.00 State Zip Code Form(Cash,Check,etc) Galena 43021 OIH Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 275.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	09-21-05
Page	<i>25</i>

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee to Elect Andrea Peeples for Judge Registration Number, if PAC Donald Geiner Street Address Employer/Occupation/Labor Organization* 4025 0191211 35.00 Form(Cash,Check,etc) Zip Code loledo OIH 43615 Check Full Name of Contributor Registration Number, if PAC Steve Billups Employer/Occupation/Labor Organization* 2909 Fenwood Drive 019 211 25.00 Zip Code State Form(Cash,Check,etc) Columbus 0 | H 43232 Cash Full Name of Contributor Registration Number, if PAC BIH Street Address Employer/Occupation/Labor Organization* Amount E-Livingston Avenue 211 015 2000 State Zip Code Form(Cash,Check,etc) Cash OIH 43215 Columbus Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
\$ 355.00	0	Page Total \$	00.08

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10/18/05
Page	26

Prescribed by Secretary of State 3/05 Committee to Elect Andrea Peeples for Judge Registration Number, if PAC Jeffrey S Furbee Employer/Occupation/Labor Organization* 969 Woodhill Dr 1/8/0/5 50.00 Zip Code Columbus 43212 Mangan limothy Employer/Occupation/Labor Organization® 873 Falkirk Ct 0 18 05 25.00 Zip Code Form(Cash,Check,etc) Pickerington 43147 check Registration Number, if PAC Iron Workers Local 172 Political Contributing Entity 2867 118015 500.00 State Form(Cash,Check,etc) Columbus 43207 Check Full Name of Contributor Registration Number, if PAC tirefighters Union L-67 LA 839 1380 Dublin Road Scite 103 10111015 250.00 Columbus Zip Code orm(Cash,Check,etc) OIH 43215 Check ull Name of Contributor Registration Number, if PAC Fraternal Order of Police Political Education Fund Employer/Occupation/Labor Organization 520 S. High Street 110 118015 100,00 Zip Code Form(Cash,Check,etc) Columbus 43215 Check Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* City Zin Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
925.00	0	Page Total \$ 925,0

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andren Peeples for Judge								
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC					
Andrea Reeples	Employer, occu	pation, bassi organization	rogisation rando, if the					
Street Address	Description of It	em or Service	M D Y Fair Market Value					
5596 Winsor Woods	Posta		110014015 481.00					
City Calumbus	O H	Zip Code 43230	Received at Fundraising Event? YES NO					
Full Name of Contributor Andreu Peeples	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
Street Address 5596 Winsor Woods	Description of I		M D Y Fair Market Value 74,00					
City	State	Zip Code	Received at Fundraising Event?					
Calumbus	0 14	43230	YES X NO					
Full Name of Contributor R. I. Hedrick		pation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of It	em or Service	M D Y Fair Market Value					
Street Address 838 Thurber Drive W#27	Chari	ty Benetit	M D Y Fair Market Value 17500					
Columbus	O I+	Zip Code 43215	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
In-Kind Contributions received	at fund	raising even	t of \$250 or 655					
Street Address	Description of It	em or Service	M D Y Fair Market Value O 6 2 3 O 5 Received at Fundraising Event?					
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
In kind Contributions recei	ued at	fundraising &	event of \$250 or less					
Street Address	Description of It	em or Service	M D Y Fair Market Value					
City	State	Zip Code	Received at Fundraising Event?					
			YES NO					
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
In kind contributions recei	upd at	- fundraising	event of \$250 as 655 M D Y Fair Market Value					
Street Address	Description of It	em or Service	M D Y Fair Market Value					
City	State	Zip Code	Received at Fundraising Event? YES NO					
		pation, Labor Organization *	Registration Number, if PAC					
Fn kind Contributions ree	lived at	fund raisong	event of 250 at less					
	Description of It		M D Y Fair Market Value					
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC					
		at Andraising	event of \$250 a loss					
Street Address	Description of It		M D Y Fair Market Value					
City	State	Zip Code	Received at Fundraising Event?					
		<u> </u>	YES NO					

Page Total \$ 730

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page <u>08</u>

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peeples for Judge							
			Registration Number, if PAC				
Address (040) Stoll Lang	Type*		M D Y Amount 0 80 57,500.00				
Calvin L. Peeples Address 6401 Stoll Lane City Cincinnati	State O j-t	Zip Code 45 236	Form(Cash,Check,etc) Check				
Full Name	I V		Registration Number, if PAC				
Address	Type*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name		<u> </u>	Registration Number, if PAC				
Address	Type*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name		<u></u>	Registration Number, if PAC				
Address	Type*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name	<u> </u>		Registration Number, if PAC				
Address	Type*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name	-		Registration Number, if PAC				
Address	Туре*		M D Y Amount				
City	State	Zip Code	Form(Cash,Check,etc)				
			-				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 7500,00

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Elect Andrew Peeples for Judge To Whom Paid							
Huntington Bank				0 6	1 5 0 5	Amount 20,00	
Address	Purpose		<u></u>				
41 S. High Street			z Fees Zip Code	T=			
Co humbus	Sta 0		43215	Check N	umber //A		
To Whom Paid	1			M	DY	Amount	
Whitehall Community Celebration	<u>A 4 م</u>	soci	ation		2005		
1519 St. Ann Lane	Purpose		_				
City	Sta		Le Entry Fee	Check N			
Whitehail	0		43213	JO1			
To Whom Paid						Amount	
Graphic T's				0/6	D Y 2 0 5	1098,99	
Address 532 R Main Street	Purpose T	- Sh	urts				
City	Sta		Zip Code	Check N	umber		
Grove port	0	H	43230	101	9	· **	
SBC				M 0 6	3002 D A	Amount 30.88	
Address	Purpose	Tele	phone				
City	Sta		Zip Code	Check N	umber		
Saginaw	M	1	48663	10:	20		
To Whom Paid Megan Kilgore - MNK + Assoc	iate	<u> </u>		м 0 јь	D Y 2005	Amount 153,06	
Address	Purpose					13 326	
685 Kerr Street	Re	imbi	ursoment for mi	scelle	aneous :	Supplies	
City Columbus	Sta		Zip Code 43215	Check N			
To Whom Paid				М	D Y	Amount	
SBC Address	-			07	2005	30.88	
	Purpose T.	elei	showe				
City Saginaw To Whom Paid	MSta	te ·	Zip Code	Check N			
To Whom Paid	101		48663	los	29		
Meyan Kilgore - Megan Kilgore +	Assoc	ciati	es	M 0 8	9 8 0 12 D X	Amount 118,08	
Less Kerr Street Demphysique of Grantscalland and Colonics							
City	Sta	te	Zip Code	Check N	muper	Penses	
Columbus	0	H	43215	100			
To Whom Paid Andrea Peeples M D Y Amount 0 9 2 3 0 5 998.11							
Address	Purpose		,		-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7.3.11	
5596 Winsor Woods Reimbursement for printing							
Columbus	Sta	tc	Zip Code	Check N			
Common	0	Į7	43230	102	.5		

Page Total \$ 2500.00



Statement of Expenditures

Prescribed by Secretary of State 2/01

5									
Name of Committee in Full Committee to Elect Androw Peeples for Judge To Whom Paid M. D. Y. Amount									
JM Cleary Promotional Prod	octs			м [0	ì		V 0 5	Amount 135469	
1511 Northwest Blud Yord Signs									
City Columbus To Whom Paid		ate	Zip Code 43212	Check I	Vuml 20				
To Whom Paid Andrea Peeples	To Whom Paid Andrea Peeples M D Y Amount 356.00								
Address	Purpose		_	10	1,	Ш	9	356.00	
5596 Winsor Woods		mbu	reement for Po:	stag	e				
Columbus	O	ate H	Zip Code 43230	Check i				:	
To Whom Paid Buck eye Printing & Mailing S Address	Grui	us	nc.	M L O	l	ì	γ 0 5	Amount 264,59	
217 North Grant Avenue	Purpose L	tera	cture + Mailing		-		<u></u>		
City Columbus	St 6	ate [[f	Zip Code 43215	Check I					
To Whom Paid SBC				M	I)	ပ ၂၃	Amount 105-06	
Address	Purpose T	eler	phon p						
City Saginaw		ate	Zip Code 48663	Check I	Vumb				
To Whom Paid				М	ſ	<u> </u>	Y	Amount	
Address	Purpose	·		!		1			
City	St	ate	Zip Code	Check i	Vumb	er			
To Whom Paid	<u> </u>			M	I	?	Y	Amount	
Address	Purpose			<u> </u>	<u>!</u>				
City	St	ate	Zip Code	Check 1	Vumb	ег	_		
To Whom Paid				M	· I	?	Y	Amount	
Address Purpose							_1		
City	St	ate	Zip Code	Check 1	Vuint	ет			
To Whom Paid M D Y Amount									
Address	Purpose					1			
City	St	ate	Zip Code	Check ?	Vumb	er			
				<u> </u>					

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Statement of Loans Received

	F	rescribed b	y Secretar	y of State3/05					
Full Name of Committee Committee to Elect And	eu Pa	و ما ه	s Co	r Judge					
From Whom Received Calvin Peeples		. Cyo		·	Prior A	mount CO	00	Amt. Incurred this Period	
Address 6401 Stoll Lang								Outstanding Balance	
City Cincinnati State Zip Code OH 4523(oans Recei Date	ved This I	Period Amount		Payments This Period Date Amount			
are panasas priemaly M D		808	0 5	s 7500,06	M	D	Y	§ 6	
Registration Number, if PAC	М	D	Y		М	D 	Y		
Employer/Occupation/Labor Organization*	М	D	Y		М	D	Y		
From Whom Received					Prior A	mount	,	Amt. Incurred this Period	
Address Outstanding Balance									
City State Zip Code	L	oans Recei Date	ved This l	Period Amount		Payments This Period Date Amount			
Date Loan was originally as M D N	ζ M	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC	М	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*	М	Đ	Y		М	D	Y	·	
From Whom Received					Prior Amount Amt. Incurred this Period				
Address Outstanding Balance								Outstanding Balance	
City State Zip Code Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was prignally. M D C	Y M	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*	М	D	Y		М	D	Y		
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business,									
if any, rather than employer should be listed. If two ormore employers are members, if any, must appear, R.C. 3517.10(B)	ees donate v								

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	7,500.00	
2	Total received this period \$	7,500,00	(To Form No. 31-A-2)
3	Total Payments this Period \$	O	(also record on Form 31-E
4	Total Outstanding Balance \$	15000.00	(To Form No. 30-A)